

**RECORD OF CREMATIONS**

Name of Deceased	Cremation Authorized by (names & addresses)	Date remains were received	Remains received by	Embalmed? (Yes or No)	Date of Cremation	Disposal method, location, & date

Crematory Name \_\_\_\_\_  
BOL-MOR-CRE-300.01 - 08/20/99

License # \_\_\_\_\_